## PART B - FEE(S) TRANSMITTAL

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/004,192 10/31/2001 Richard P. Tarquini 10017555-1 5757 TITLE OF INVENTION: SYSTEM AND METHOD FOR UNIFORM RESOURCE LOCATOR FILTERING								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE I	DUE PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE		E DUE
nonprovisional	NO	\$1510 \$300		50	\$0 \$1810 01/29/2009			
EXAMINER ART UNIT			CLASS-SUBCLAS	<b>S</b>				
NANO, SARO		2457	709-217000					
1. Change of correspondence CFR 1.363).  Change of correspond Address form PTO/SB/1:  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	lence address (or Char 22) attached. ion (or "Fee Address" or more recent) attach	(1) the names of or agents OR, alto (2) the name of a registered attorne 2 registered paten listed, no name w	the names of up to 3 registered patent attorneys gents OR, alternatively, then name of a single firm (having as a member a stered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is d, no name will be printed.					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Hewlett-Packard Development Company, L.P.				Houston, Texas				
Please check the appropriate assignee category or categories (will not be printed on the patent):								
4a. The following fec(s) are    Issue Fee   Publication Fee (No s   Advance Order - # of	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 08-2025 (enclose an extra copy of this form).							
5. Change in Entity Status				o longer claiming SMA	ALL ENTY	TV status San 17 (	EP 1 27(a)(2)	
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Authorized Signature	AMA	thest	· ·	Date	lov.	19,20	008	
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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.								

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